

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038911

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

781

FILED NOV 14 1963

1. PLACE OF DEATH

a. COUNTY

BOONE

b. CITY (If outside corporate limits, give TOWNSHIP only)

COLUMBIA

Length of stay in 1b

1 DAY

c. FULL NAME OF (If NOT in hospital, give location)

UNIVERSITY OF MO. MEDICAL CENTER

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO.

b. COUNTY

BOONE

Inside Limits

Yes ☒ No ☐

c. CITY

BROOKFIELD

Reside on Farm

Yes ☐ No ☒

d. STREET

421 BRUNSWICK

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

MARY

MARLOW

KEUNE

4. DATE

OF DEATH

Month

Day

Year

NOV.

12

1963

5. SEX

F

6. COLOR OR RACE

WH.

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10-25-13

9. AGE (last birthday)

50

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

AT HOME and

10b. KIND OF BUSINESS OR INDUSTRY

Clark Home

11. BIRTHPLACE (City and state or country)

LINN CO., MO.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

FRED MARLOW

13b. MOTHER'S MAIDEN NAME

LAURA BELLE GORMAN

14. NAME OF HUSBAND OR WIFE

GERALD KEUNE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of serv

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

UNIVERSITY OF MO. MEDICAL RECORDS

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Ventricular Fibrillation

INTERVAL BETWEEN

ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Hypoxia

DUE TO (c)

Rheumatic Heart Disease with Bacterial Endocarditis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

11-11-63

to 11-12-63

and last saw <sup>(her)</sup> alive on 11-12-63

Death occurred at

1115

p

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

L. Chapman M.D.

(Degree or title)

22b. ADDRESS

313 E. Briarwood

22c. DATE SIGNED

11-12-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

Nov. 12, 1963

23c. NAME OF CEMETERY OR CREMATORY

Rest Haven Memorial Gardens Cem.

23d. LOCATION (City, town, or county)

Brookfield, Missouri

(State)

24. FUNERAL DIRECTOR

Hill Funeral Home, Brookfield, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

Nov 12 1963

26. REGISTRAR'S SIGNATURE

Mrs RE Palmate

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

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NOV 22 1963

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# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.